Public Health.

20. The number of Government medical institutions of the allopathic or western school was 82 at the end of 1103, as against 61 in 1100 and the increase was nearly 25 per cent. There were in addition 18 grant-in-aid hospitals. The demand for more hospitals is on the increase and the question of how best to meet this demand is engaging the attention of Government. Last year I referred to the guidance and help sought from the Rockefeller Foundation for the reorganisation of the Sanitary Department with a view to dealing effectively with the many public health problems of the State. Dr. Jacocks, whom the Foundation is sending to help us, is expected here shortly and the Government hope to carry out a comprehensive and systematic programme of public health activity. I gave you last year a rough idea of the extent of hookworm infection in the State based on the result of the investigations made by Dr. Kendrick of the Rockefeller Foundation. This year I think it is necessary to say something about leprosy which is unfortunately so prevalent in the State. The Government of Travancore have for many years shown an active sympathy for sufferers from this disease and the Leper Hospital at Trivandrum, which has so often been commended by professional men and other visitors, is a standing evidence of that sympathy. In its early days the institution was more an asylum for advanced cases than a hospital for the cure of the infected at all stages. But for some years past curative treatment of the most up-to-date kind is being systematically undertaken. The hospital is well staffed and since 1102 European Nursing Sisters of the Holy Cross have been attached to it. The patients are much more liberally dieted than in the ordinary hospitals and luxuries are allowed them. Outside Trivandrum, the dispensary or clinical treatment of leprosy has been carried on, both to relieve and cure, at Chavara, Kayenkulam and Karunagapalli. Grants are also given to private asylums maintained by Missionary organisations at Alleppey and Neyyoor. In view of the high percentage of leprosy in the State, the Empire of India Association for stamping out leprosy has been good enough to depute a survey party to the State under Dr. Santra. They started work in Trivandrum and have opened treatment centres or clinics in two places in the town. Over 200 patients are already under treatment in these two centres. Treatment is confined to those who suffer from the early stages of the disease and who can be cured. The segregation of lepers in asylums has failed to stamp out and prevent the spread of leprosy and the tendency at present is, while housing and caring for advanced cases, to devote special attention to incipient cases as the best way to stamp out the disease. The necessary intensive action on these lines will be taken on the advice of the survey party and of the representative of the Rockefeller Foundation. The existing law on the subject of leprosy is ineffective according to modern ideas. We may have to undertake fresh legislation and there is no reason why this enlightened and compact State should not take the lead in India in measures to combat this sad and insidious disease. Representatives

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from the Ross Institute, London, are expected to arrive here soon to investigate the incidence of malaria in Travancore. To all these willing helpers in the cause of humanity the thanks of Travancore are due.

Epidemics.

21. In my last address, I described in detail the measures adopted to combat the spread of plague into Travancore from the infected areas adjoining the State. These preventive measures proved effective and there has been no case of plague within the State after the first 11 attacks and 6 deaths. I also told you of the steps taken last year to control the outbreak of cholera in South Travancore. It was hoped that the epidemic had been stamped out as the disease perceptibly decreased in virulence. But those hopes were falsified. The disease broke out again early in 1104 and this time in a more virulent form. This is how it began. Owing to unfavourable fishing conditions many fisherfolk migrated to the Tinnevelly district and elsewhere to work as field labourers. When the fishing improved in South Travancore, they returned to the villages and brought infection with them. The disease spread rapidly in one or two of the coastal villages and the fisherfolk scattered in a panic over the countryside. Owing to the late monsoon there was scarcity of water and people drew their supplies in the regions worst affected, from stagnant pools, infected wells and tainted subsoil water. Cholera spread rapidly and at first there was a heavy death roll. Energetic measures both to cure and to prevent were at once adopted. Squads of medical officers provided with cars equipped with medical supplies were posted at suitable centres. Every available sanitary officer and subordinate was withdrawn from North and Central Travancore and detailed for duty in the infected areas. Protective inoculation was carried out on a large scale, over 200,000 persons having been inoculated. Remedies for the cure of cholera were distributed freely and pakuthi cutcherries were kept open day and night and stocked with the remedy for distribution. The disease was before long brought under control in villages. But this was not so easy in the countryside away from the coast where the people live in scattered homesteads on the hills and dales which are characteristic of the tracts which suffered most. Difficulty of access was one of the reasons which prevented medical aid being afforded at the earliest possible moment. Another difficulty was that for some reason or another the people would not give immediate intimation of attacks which occurred during the night and it often happened that by nine or ten the following morning when the medical officers received information of a case and proceeded to the spot the patient was past help. The death rate in relation to the number of attacks began to decrease with the progress of inoculation. Also with the setting in of the monsoon the epidemic began to weaken and it has now subsided. The total number of attacks was about 13,000 and of deaths about 8,000. The success of the arrangements made is largely due to the fact that there was a ready co-operation between the medical staff and the sanitary staff which were personally directed by the Inspecting Medical

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